

# Psychological Bulletin

EDITED BY

SHEPHERD I. FRANZ, GOVT. HOSP. FOR INSANE  
 HOWARD C. WARREN, PRINCETON UNIVERSITY (*Review*)  
 JOHN B. WATSON, JOHNS HOPKINS UNIVERSITY (*J. of Exp. Psych.*)  
 JAMES R. ANGELL, UNIVERSITY OF CHICAGO (*Monographs*) AND  
 MADISON BENTLEY, UNIVERSITY OF ILLINOIS (*Index*)

WITH THE CO-OPERATION OF

B. T. BALDWIN, UNIVERSITY OF IOWA; E. B. HOLT, HARVARD UNIVERSITY; W. S. HUNTER, UNIVERSITY OF KANSAS; J. H. LEUBA, BRYN MAWR COLLEGE; MAX MEYER, UNIVERSITY OF MISSOURI; R. M. OGDEN, CORNELL UNIVERSITY; W. D. SCOTT, NORTH-WESTERN UNIVERSITY; E. E. SOUTHARD, BOSTON PSYCHOPATHIC HOSPITAL; G. M. WHIPPLE, UNIVERSITY OF ILLINOIS; R. S. WOODWORTH, COLUMBIA UNIVERSITY.

## PSYCHOPATHOLOGICAL NUMBER

EDITED BY E. E. SOUTHARD

### CONTENTS

#### General Review and Summary:

General Psychopathology: E. E. SOUTHARD, 187.

#### Special Reviews:

Eder's War Shock: L. B. T. JOHNSON, 200. Smith's & Pear's Shell Shock, MacCurdy's War Neuroses, Bridges' Abnormal Psychology, Janet's Medications Psychologiques: S. I. FRANZ, 202. Lay's Child's Unconscious Mind, Watts' Echo Personalities: D. W. FAY, 207. Porot's & Hesnard's Psychiatrie de Guerre, Dumas' Neuropsychiatrie de Guerre: M. O'MALLEY, 211. Porot's & Hesnard's Expertise Mentale Militaire, Dumas' & Aimé's Neuropsychiatrie de Guerre: M. E. SCHEETZ, 215. Deschamps' Asthenies: H. D. C. KEMPF, 217. Robie's Sex Ethics, Long's Sex Life: S. I. FRANZ, 220.

Notes and News, 221.

PUBLISHED MONTHLY BY THE

### PSYCHOLOGICAL REVIEW COMPANY

NORTH QUEEN ST., LANCASTER, PA.,

AND PRINCETON, N. J.

AGENTS: G. E. STECHERT &amp; CO., LONDON (3 Star Yard, Carey St., W. C.); PARIS (16, rue de Condé)

Entered as second-class matter January 21, 1904, at the post-office at Lancaster, Pa., under  
 Act of Congress of March 3, 1879

UNIVERSITY OF MICHIGAN LIBRARIES

# Psychological Review Publications

EDITED BY

HOWARD C. WARREN, PRINCETON UNIVERSITY (*Review*)  
JOHN B. WATSON, JOHNS HOPKINS UNIVERSITY (*J. of Exp. Psych.*)  
JAMES R. ANGELL, UNIVERSITY OF CHICAGO (*Monographs*)  
SHEPHERD I. FRANZ, GOVT. HOSP. FOR INSANE (*Bulletin*)  
MADISON BENTLEY, UNIVERSITY OF ILLINOIS (*Index*)  
WITH THE CO-OPERATION OF  
MANY DISTINGUISHED PSYCHOLOGISTS

## PSYCHOLOGICAL REVIEW

containing original contributions only, appears bimonthly, January, March, May, July, September, and November, the six numbers comprising a volume of about 480 pages.

## PSYCHOLOGICAL BULLETIN

containing critical reviews, notices of books and articles, psychological news and notes, university notices, and announcements, appears monthly, the annual volume comprising about 480 pages. Special issues of the BULLETIN consist of general reviews of recent work in some department of psychology.

## JOURNAL OF EXPERIMENTAL PSYCHOLOGY

containing original contributions of an experimental character, appears bimonthly, February, April, June, August, October, and December, the six numbers comprising a volume of about 480 pages.

## PSYCHOLOGICAL INDEX

is a compendious bibliography of books, monographs, and articles upon psychological and cognate topics that have appeared during the year. The INDEX is issued annually in May, and may be subscribed for in connection with the periodicals above, or purchased separately.

### ANNUAL SUBSCRIPTION RATES

**Review and Bulletin:** \$6 (Foreign, \$6.50).    **Journal:** \$3.25 (Foreign, \$3.50).  
**Review and Journal:** \$6 (Foreign, \$6.50).    **Bulletin:** \$3.25 (Foreign, \$3.50).  
**Journal and Bulletin:** \$6 (Foreign, \$6.50).  
**Review, Bulletin and Journal:** \$9 (Foreign, \$9.75).  
**Index with any other two:** \$7 (Foreign, \$7.50).  
**Review, Bulletin, Journal and Index:** \$10 (Foreign, \$10.75).  
**Current Numbers:** Review, 65c; Bulletin, 35c; Journal, 65c; Index, \$1.25.

## PSYCHOLOGICAL MONOGRAPHS

consist of longer researches or treatises or collections of laboratory studies which it is important to publish promptly and as units. The price of single numbers varies according to their size. The MONOGRAPHS appear at irregular intervals and are gathered into volumes of about 500 pages with a uniform subscription price of \$5.50. (Postal Union \$5.80.)

**Philosophical Monographs:** a series of treatises more philosophical in character.

**Library of Genetic Science and Philosophy:** a series of bound volumes.

Subscriptions, orders, and business communications may be sent direct to the

## PSYCHOLOGICAL REVIEW COMPANY

Princeton, New Jersey

FOREIGN AGENTS: G. E. STECHERT & CO., London (2 Star Yard, Cary St., W. C.)  
PARIS (16, rue de Condé)

# THE PSYCHOLOGICAL BULLETIN

---

## GENERAL REVIEWS AND SUMMARIES

### GENERAL PSYCHOPATHOLOGY

BY E. E. SOUTHARD

*Massachusetts State Psychiatric Institute, Boston, Mass.*

The reviews and summaries of this number of the BULLETIN have always in the past three years dealt with general or theoretical psychopathology, familiar to us in the portions of psychiatric books termed "general," for example, in that portion of Kraepelin's well-known textbook termed "Phenomena of Insanity."

The present number has been delayed through various contingencies, incidental to the war. I have determined to make this fourth year of reviews and summaries a consideration of Shell-shock, leaving for another year such accumulations of general psychopathological literature as may be available. I wish to consider Shell-shock not so much from the medical as from the psychological side. In the preparation of a case-history book entitled *Shell-Shock and other Neuropsychiatric Problems Presented in 589 Cases from the War Literature, 1914-18* I spent about 2,500 hours, and my colleague, Mr. Norman Fenton, as many more in the preparation of the bibliography. The resulting dictations and bibliography constitute the major portion of this book of approximately a thousand pages, which I am not here endeavoring to abstract so much as to consider from the special psychological point of view. Dr. Charles K. Mills in a long introduction to this Shell-shock book has analyzed it from the general medical standpoint.

My own purpose in compiling the book was not a psychological one primarily. The object was to produce a case collection after

the manner of the law case books, which should serve the neuropsychiatrists in their preparation for war work. In fact, the task was undertaken incidentally in my work as director of the Army Neuropsychiatric Training School (Boston unit), 1917-18.

It has always been the task of these reviews of general psychopathology to take out from the mass of the medical literature that which promised to be of most interest to the psychologist. Of course the physician working in this field has a weather eye to the interests of the premedical students, with whom the psychologists in their college work come in contact. I believe that the psychologists and the psychiatrists ought to come very close together in this matter, since, if the students in their premedical work do not get the right slant and encouragement, the task of recruiting psychiatrists for the new work of mental hygiene will be difficult or impossible. About three per cent. of the physicians in the Surgeon-General's Office are said to have been neuropsychiatrists or at least posed as neuropsychiatrists. Psychologists coming in contact with young men having this sort of interest ought to encourage them definitely to go into medicine and particularly to attend those medical schools where proper attention is paid to psychiatry. A definite propaganda to this end ought to be launched, possibly by the newly established Education Committee of the National Committee for Mental Hygiene (this Education Committee has amongst its members psychologists as well as physicians). But, if the psychiatrists wish to recruit their own ranks, they must strive to put their new ideas in such form as rapidly to get into the minds of the psychologists. It is on this account that I have chosen to write a sort of review of my own compilation. Essentially, however, it is not a review of anything I myself have written so much as a culling out of the articles in the medical literature which seemed to me, on rereading my own compilation, to be of especial interest to psychologists. There are, in the bibliography of this work, articles as follows: French, 895; British, 396; Italian, 77; Russian, 100; American, 253; Spanish, 5; Dutch, 5; Scandinavian, 5; and Austrian and German, 476. The bibliography is much more extensive than the articles from which the abstracted cases are drawn. The bibliography has been brought up to and partially includes 1919. The matters of psychological interest in these two thousand references can be got out by author in the bibliography itself and by subject in the index of the work under the heading *Bib.*

The whole work is divided into five sections, of which the fifth is an Epicrisis that contains practically every thing that the compiler himself has to say (and that very little) concerning the general nature of Shell-shock, general observations upon its treatment, and various problems of diagnosis, which latter need not concern the psychologist as such. In the body of the work, Section A deals with the psychoses incidental in war, that is, with psychoses not necessarily related with Shell-shock or very doubtfully related thereto. Thus, to give a few instances of these circumambient difficulties, one finds in the literature cases in which general paresis or kindred syphilitic disorders of the nervous system have been brought out by shell shock or, better, following shell explosion. Again, genuine epilepsy has been thus brought out. Again, we find various diseases of the body at large, even such diseases as tetanus and malaria, presenting phenomena that may at first blush be confused with the true Shell-shock. It is rather surprising that the disease which so fills our asylums, namely, dementia precox, is not especially well represented in the war literature. It is doubtful whether the phenomena of dementia precox have been brought out by Shell-shock or by any special war influences (all this aside from the fact that numerous cases of dementia precox come up for diagnosis both in the field, in camp, and in the draft or enlistment stages). It is particularly striking that so few cases of depression of the manic-depressive group are brought out by war stress.

The second section of the book (*B*) deals with the nature and causes of Shell-shock and begins with matters of medical interest, namely, with autopsied cases and with cases showing signs of organic disorder of the nervous system. The psychologist here may inquire what, after all, physicians feel concerning the organic nature of Shell-shock. The answer must be that, statistically speaking, the majority of cases of so-called Shell-shock are no doubt *functional* (whatever that word may mean) in exactly the same sense as the hysterias and other psychoneuroses made familiar to us by the work of Charcot, Weir Mitchell, Janet, Freud, and others. In short, although minute brain hemorrhages are no doubt found in certain cases of Shell-shock, the majority of the phenomena are of that reversible nature to which we give the term functional. Shell-shock, to put it briefly, is a traumatic neurosis, not a traumatic defect-psychosis. Perhaps the warning does not need to be made that this truth is a statistical truth and that cases are met



in which there is a combination of the functional with the organic element. Papers by Babinski and by Binswanger deal with many of these combinations of hysterical and more narrowly somatic disorders.

The combination of French and German authorship noted in the previous sentence may give point to the remark that the general results on both sides of the battle line were practically identical. For example, Nonne, the well-known neurosyphilographer of Hamburg, found himself in the war treating functional cases by functional methods, preferably in the case of this eminent neurologist by means of hypnotism, to which procedure he appears to have been converted during the war. But, aside from details of treatment, it is remarkable that Nonne should have proclaimed during the war that the results of war studies lent more support to the original contentions of Charcot concerning hysteria than to any other authority. It may be remembered how the original contentions of Charcot were by some regarded as those of a charlatan, simply because he was dealing with new material with which the ordinary practitioners had little contact. The result of the war work will be that a knowledge of hysteria and other psychoneuroses will become very much more widespread. There will be three or four men in the future familiar with the psychoneuroses to one man in the past. All of which augurs a far more brilliant immediate future for mental hygiene than one could have hoped.

If the psychologist asks whether we really know anything more about the fundamentals of hysteria and the other psychoneuroses than we did before, perhaps the answer should be no. Many authors have made the obvious point that at least the sexual portion of the Freudian doctrine is not upheld by the war experiences. Those who held to *fear* rather than *sex* as the more frequent cause of functional neuroses may regard themselves as supported by the war evidence. But, as is well known, the majority of the so-called Freudians are no longer pansexualistic. They are much wiser in clinging to the virtues of symbolism and to the values of dream analysis than to the doubtful universalities of the doctrine of pansexualism. There are a few cases in the compilation which are of interest from the psychoanalytic point of view, notably some cases from amongst those described by Eder in his book *War Shock*. Take, for example, case 359 of the compilation called (by the compiler) *A Horse in the Unconscious*. Or take case 529 *A Victoria Cross winner: Bayonet clutch contracture revealed by hypnosis*.

MacCurdy has also a number of cases well analyzed from the general standpoint of the Freudians, and reference should be made to his book which should be in every psychological library. Another author with psychoanalytic leanings is Rows. See especially cases 342 and 343 dealing with certain dreams. On the whole, however, as above mentioned, at least the pansexualistic part of the Freudian doctrine must be regarded as not well supported. A moderate statement in this direction is that of Elliot Smith and T. H. Pear in their book *Shell-shock*.

Many Freudian authors insist, however, that Freudian "mechanisms" are at work nevertheless and despite the lack of war evidence for the sex factor. Perhaps the compiler is stupid or prejudiced, but he has never been able to get clearly into his mind exactly what the term "mechanism" means as used by the Freudians. He has repeatedly replaced the term "mechanism" with the term "process" in writings of the Freudians, finding the resultant statements at times perfectly true, but far more obvious and everyday-seeming than when the aristocratic word "mechanism" is used. Section XI, the group of psychopathoses in the first division (*A*) of the work, may be referred to for cases to illustrate these "mechanisms." There is one most remarkable German case (Steiner) of a man who preferred going over a badly shelled area to a perfectly safe tunnel which had been provided for him, simply because he had developed a severe claustrophobia as the result of Shell-shock (Case 182).

Whereas the second section of the book deals with the general nature of Shell-shock, the third section deals with more special problems of diagnosis which do not especially concern the psychologist, save in the work of Babinski on the relation of certain reflexes to chloroform anesthesia, a matter which will be considered below more extensively. The fourth section of the book (*D*) deals with treatment, and this section is in some respects the most interesting to the lay reader and the professional reader interested in reconstruction. With this brief account of the general construction of the compilation, I will return to a more detailed consideration of that material which seems to me to be of the most psychological value.

Concerning feeble-mindedness, the cases presented in the group 35 to 52 of the psychoses incidental in the war must give a good deal of concern to the psychologist. Even when the psychiatrist is persuaded concerning feeble-mindedness, the regimental surgeon may fail to agree with him (Case 34). How could a good rifleman

be an imbecile, was a question raised (Case 45) by a certain German. Sundry superbrave imbeciles and imbeciles fit for barracks work, although decidedly unfit for war work of a more active nature, are given. One imbecile who stood his ground as a model of the brave soldier was finally captured by the Germans still shooting amidst a hail of bullets. However, nothing daunted, he escaped from his captors and swam back to the French lines across the Meuse (Case 36). There are cases in the compilation of the greatest interest from the standpoint of "rationalization." Case 51 seems to be a case of Shell-shock in a feeble-minded person following burial in an explosion. The victim was thus complicated enough to secure a Shell-shock in the sense of a functional neurosis, but hardly complex enough to rationalize his situation properly. As one might say, such a man is like a cat able to climb a tall tree, but unable to climb down—whereupon the entire fire-department of the cat's native village may be called out. As for the interesting process of "rationalization," the excellent work of the well-known psychologist Rivers may be quoted. Rivers' original work should be read carefully by the psychologist. Cases 506-510 are instances of the rationalization process as applied by Rivers. Case 510 is one in which there was no redeeming feature whatever, because Rivers could find no nucleus of rationalization on account of olfactory, gustatory, visual, and auditory elements that drove in the neurosis. But ordinarily Rivers was able to find some feature, however slight, in the neurosis-producing situation to which the mind of the victim could be attracted. Thus, if one's comrade had been blown to small bits by one's side, then the rationalizing point lodged in the very fact of the rapidity of his death: he could not have suffered at all, and that was at least one point of advantage. This philosophy of rationalization is of course entirely opposed to the ordinary "forget it" philosophy of some of the psychotherapists, notably of the Christian Science group.

One gets the impression, however, that these processes of rationalization of the psychoneuroses are far more fit for officers than for men. The general conclusion seems to be that these more elaborate neuroses are in the nature of the case more likely to occur in more complicated human beings and that by the same token the more complicated methods of treatment must be reserved for the more civilized patients. The part played by subnormality and even by morosity in all wars must now be regarded as an extensive one and the fact that a great quantity of these cases can be eli-



minated by simple psychometric methods must give the world a considerable ground for optimism in the future. Even should there be no more wars, these methods can well be applied to industry.

Where we are not dealing with feeble-mindedness, what must be regarded as the basis of Shell-shock? Hysteria used to be regarded as almost always hereditary. A great many cases with heredity have been found in the war time. Yet excellent neurologists are found to assert that they have had typical and well marked cases of Shell-shock under observation, whose histories have been studied elaborately and no hereditary or acquired psychopathic tendency has been found. Thus, a case (306) of Donath was published by the author with his explicit statement that here was a case of traumatic hysteria without heredity or acquired soil, and MacCurdy has a case (307) of mine explosion and burial with neurosis ensuing in a man regarded as a perfectly normal and very high type of soldier. On the whole, however, it must be said that war conditions are not very suitable to proper social service investigations, and eugenic investigations into the heredities of these cases in the majority of cases do show either hereditary taint or acquired soil.

Of great general psychological interest appeared to the compiler the great number of cases in which there had been *ante bellum* difficulties of the same sort as those shown in the war. Thus, a man whose leg was paralyzed after falling from a horse under fire was the same man who had had precisely the same disease after a fall from a horse in a sporting adventure years before (case 286 of Forsyth). The lamented Dejerine has shown that a subject who had always been weak in the legs developed especially marked weakness in the legs under the war conditions. There is one very striking case in which a soldier with hysterical chorea was found to have had a precisely similar attack years before the war: this *ante bellum* attack was reminiscent of a chorea in the man's mother, but the mother's chorea was an *organic* one (case of Dupouy 300). It would seem that there might be developed a general theory concerning weak places in the body to which symptoms might get attached. One of the most productive neurologists in the war, Tinel, has a case in which tremblings of the eyeball developed along with sundry other symptoms in a man who had been waked by the explosion of a shell. According to Tinel, this nystagmiform tremor was an "occupational reminiscence" in a cinema worker (case 315).

Of course the well-known logical situation is repeatedly found, namely, that there can be Shell-shock *without either shells or shocks*. In short, there may be diseases looking like Shell-shock but related with no acute phenomenon whatever. Thus, Wiltshire speaks of a man who heard a shell explosion, but did not develop symptoms until he had heard distant artillery twelve days later. Lattes and Gorla have a case (322) of a man who was jostled while he was carrying some explosives. He did not drop the nitroglycerine, but nevertheless fell into the state of unconsciousness and deaf mutism with later the so-called "*camptocormia*," a special rather new kind of hysterical "bent back" developed in this war. One Frenchman acquired the *croix de guerre* and his Shell-shock simultaneously. This man was another of those with "reminiscent" phenomena. He had a hallucinatory bell ringing which reminded him of the ringing of the bells outside of a Parisian moving picture show (case 314). These doctrines of the preëxistent "weak spot" and of the relation of certain Shell-shock phenomena to *ante bellum* experiences will no doubt give rise to many hypotheses concerning so-called "mechanisms."

The cases in the part of the book that deals with the nature and causes of Shell-shock are arranged for medical purposes from below upwards. Thus, the cases involving one foot or leg are followed by the cases involving both feet or legs, then by cases affecting one hand or arm, then by both hands or arms, and finally there is a sheaf of cases dealing with symptoms more related to the head. We here deal with mutism, deafness, blindness, and the various disorders of memory and personality. These latter cases, beginning perhaps with case 318 and running to case 370, are of special interest to the psychologist. These cases deal with the relation of emotion without shell explosion to the development of symptoms. The matter of tremors, of dreams, losses of consciousness, stupors, comes under consideration. There are three interesting cases of Milian (364-366) of somnambulism of many days duration (one case of twenty-seven days duration) with cure following a minor suggestion. Case 369 of Feiling is one of dissociation of personality. Beautiful war dreams may be developed by a man who has never seen any war service at all and has been hundreds of miles behind the battle line (Russian case of Gerver, 347).

Behaviorists ought to be especially interested in another case of Tinell, a case of what he calls "stupefaction" of a muscle (case 253). The biceps had here been contused and became as it were

stupefied, while the supinator longus still functioned. The following case (264) of Tubby also relates to the blockage of impulses to certain movements of the arm, and cases of the psychologist Myers are particularly to the point in the analysis of inhibition. That theorist who shall go very profoundly into the nature of Shell-shock will have to reckon not only with the "weak spot" and "*ante bellum* trend" hypotheses, but he must take account of the fact that the symptoms are so often on the same side as the explosion. In some cases it would seem as if the muscles on the side of the body where the explosion occurred were paralyzed (and the overlying skin rendered anesthetic), whereas the muscles on the other side of the body were thrown into contraction,—almost as if the part opposite to the explosion was trying to run away therefrom, while the parts near to the explosion were transfixed upon the spot. The behaviorist must gain a great deal to his purpose from this group of cases with asymmetrical symptoms on the two sides of the body. Especial attention should be given to the work of Babinski. Whatever the truth of his contention that the so-called reflex disorders are incurable by suggestion (other authors, notably Roussy, seem to have been able to cure by suggestion certain cases that Babinski calls "reflex"), nevertheless, the theoretical contribution of Babinski upon the nature of these so-called reflex disorders must certainly be conceded. According to Babinski, these ideas simply conform to points made years ago by Charcot and Vulpian, but neglected by later workers. Babinski's main point is that in certain stages of chloroform anesthesia unsuspected conditions of the nervous system can be brought out. Whereas it has been thought that anesthesia ought in general to reduce the reflexes and whereas this is in general true, nevertheless there is a phase whilst going under and coming out of chloroform anesthesia in which the reflexes may come out in excess. Let us suppose a patient whose knee jerks are perfectly equal in the waking life; let him be chloroformed, and one of the knee jerks early in the anesthetization becomes very much exaggerated or even polykinetic. How is this to be explained? No doubt, the anesthesia has removed the normal downstream of inhibitory influences which physiologists for many years have attributed to the brain. In short, Babinski by chloroform anesthesia is producing an effect not in any wise logically different from the exaggerated knee jerks produced after cutting through the spinal cord. In both instances the downstream of inhibitory influences from the cerebrum has been cut off. In this

way Babinski feels that he has shown the existence of functional differences on the two sides of the body which could not be demonstrated in normal life. The reviewer cannot here do justice to these contentions which ought to be read by the psychologist in the book by Babinski and Froment on *Hysteria*.

One of the most striking illustrations of the Babinski theory is to be found in an article by Monier-Vinard (see case 280). Monier-Vinard had to do with certain cases of tetanus, the victims of which had apparently entirely recovered after a period of some weeks. For certain reasons, it became desirable to operate upon these men for orthopedic defects. To the astonishment of the observer, under chloroform these men redeveloped tetanus and showed a degree of rigidity in anesthesia which was highly alarming. Upon removal of chloroform these rigidities disappeared, only to reappear upon further chloroforming. The only hypothesis ready to hand is that although these cases were clinically cured of their tetanus, nevertheless there was within their nervous systems a tendency to hypertonus. This tendency to hypertonus was counteracted, no doubt, by the normal downstream of inhibitory influences from the cerebrum, and it was this normal downstream that had been interfered with by the chloroform anesthesia. Here then, we have laid down for us the basis of an ingenious hypothesis concerning concealed functional disorders. Suppose we apply this hypothesis to the cerebral cortex itself: we can well get an image of what may be the basis of, let us say, so delicate a disease as the fixed idea. Far be it from the compiler to insist that this is the true account of the basis of a fixed idea or of any similar notion in the psychopathic field. It appears, however, as if a new weapon was in the hands of the psychopathologist. Let us suppose alcohol to work upon a man with certain inhibited tendencies (tendencies which Freudians might like to call repressed), the alcohol might work after the manner of the chloroform anesthesia in the Babinski cases, and the special tendency be released precisely like the exaggerated knee jerk under chloroform.

A word remains to be said concerning treatment. There is no "one best way" for the Shell-shock group. The compiler roughly threw the cases into three groups; a group of spontaneous cures, that is cures without medical credit attached thereto; secondly, a group of what might be termed "miracle cures"; and thirdly, the reëducative group of cures. The miracle cures are of several groups. According to Bernheim a suggestion is an *idea*

accepted. Although this definition is no doubt too broad, yet it has its advantage. Sometimes the suggestion is accepted through the means of pseudo-operations, such as the cure of blindness by an injection of salt solution in the temple or the cure of mutism by manipulations of the laryngoscopic mirror. Again, the suggestion is best put in by means of hypnosis, and a considerable group of such cases has been abstracted in the compilation. It appears that the French army authorities did not favor the use of hypnosis and that there were regulations enforced against it, at least in some parts of the army. But certain Englishmen and certain Germans used the method with great success. Probably the best known method is the so-called "psychoelectric" method, used to such advantage by Vincent in France, by Yealland in England, and by Kaufmann in Germany. This somewhat brutal method of treatment proved none the less successful, though one victim cured thereby carried his case high up amongst the French authorities and caused a great deal of trouble to his deliverer. Some of the most picturesque accounts of this method are to be found in the book of Yealland called *Hysterical Disorders of Warfare*.

When all is said and done, however, many cases remain outstanding in which all methods have failed and this despite the claim of 100 per cent. results by sundry authors. In almost all instances the cases of 100 per cent. claimants turned out to have been selected. Accordingly, a great deal of scope remains for reconstruction work and for reëducative methods of a slower nature. Herein no great advance seems to have been registered over the work of Weir Mitchell. But I am here entering more narrowly medical fields and thereby transgressing the scope of this review, which has been intended to bring out the main things which the compilation showed of value to psychologists. I am bound to say, on looking over the compilation, that a good deal of similar compiling work might well be done in the *ante bellum* literature, for our psychopathological and psychological literature has become too full of general statements concerning one or other hypothesis and too little provided with the actual case material in hand. It is to be hoped that some such complete analysis of the previous literature may before long be made. If so, we shall have side by side the precisely identical results obtained by physicians, ecclesiasts, charlatans, and others, the whole situation depending perhaps upon the idea of suggestion. The problem of suggestion then in its true nature remains the big problem of psychopathology and psychology.



## REFERENCES

1. BABINSKI, J. De la paralysie radiale due à la compression du nerf par des béquilles (Association organo-hystérique). *Rev. neurol.*, 1914-15, 22, 408-409.
2. BABINSKI, J. & FROMENT, J. Contributions à l'étude des troubles nerveux d'ordre réflexe. Examen pendant l'anesthésie chloroformique. *Rev. neurol.*, 1914-15, 22, 925-933.
3. BABINSKI, J. & FROMENT, J. *Hystérie, pithiatisme et troubles nerveux d'ordre réflexe en neurologie de guerre*. Paris; Masson, 1916. Also transl. in Engl. in *Medical and Surgical Therapy* (Appleton, 1918), and in *Military Med. Manuals* (Univ. London Press, 1917).
4. BABINSKI, J. & FROMENT, J. A propos de la communication de Roussy et Boisseau sur le pronostic et le traitement des troubles physiopathiques. *Rev. neurol.*, 1917, 24, 527-537.
5. BAILEY, P. *Diseases of the Nervous System Resulting from Accident and Injury*. 1909.
6. BAILEY, P. The Care of Disabled Returned Soldiers. *Mental Hygiene*, 1917, 5, 1.
7. BROWN & WILLIAMS. *Neuropsychiatric Problems of the War*. (Publication of the National Committee for Mental Hygiene, in press.) New York; 1918.
8. DEJERINE, J. Deux cas de paraplégie fonctionnelle d'origine émotive observée chez des militaires. *Société de Neurol.*, 18 février, 1915.
9. DONATH, J. Beiträge zu den Kriegsverletzungen und Erkrankungen des Nervensystems. *Wien. klin. Wchnschr.*, 1915, 28, 725, 766.
10. DUPOUY, R. Note sur les commotions cérébro-médullaires par l'explosion d'obus sans blessure extérieure. *Bell. et mêm. Soc. méd. d'hôp. de Par.*, 1915, 99, 926-930.
11. DUPOUY, R. Commotion cérébro-médullaire par éclatement rapproché. *Presse méd.*, 1916, 24, 52.
12. EDER, M. D. *War Shock*. Philadelphia: Blakiston, 1917.
13. FORSYTH, D. Functional nervous disease and the shock of battle: a study of the so-called traumatic neuroses arising in connection with the war. *Lancet*, (Lond.), 1915, 2, 1399. (See also MERCIER, *Lancet* (Lond.), 1916, 1, 154.)
14. GERVER, A. V. (Traumatic neuroses among soldiers.) *Russk. Vrach.*, 1915, 14, 937-944; 967-972.
15. LATTES, L. & GORIA, C. Alcune considerazioni attorno alli psiconeurosi d'origine bellica. *Arch. di antrop. crim. etc.*, 1917, 38, 97-117.
16. MACCURDY, J. T. *War Neuroses*. Cambridge: Univ. Press, 1918.
17. MACCURDY, J. T. *War Neuroses*. *Psychiat. Bull.*, 1917, 2, 243-254.
18. MILIAN, G. L'hypnose des batailles. *Paris méd.*, 15, 1914-15, 265-270. (Transl. in *Med. Press and Circ.*, Lond., 1915, 100, 486-488.)
19. MONIER-VINARD. Troubles physiopathiques médullaires post-tétaniques et latents décelés par l'anesthésie chloroformique. *Rev. neurol.*, 1917, 24, 568-572.
20. MOTT, F. W. Effects of High Explosives upon the Central Nervous System (Lettsomian Lecture, No. 3). *Lancet* (London), March 11, 1916.
21. MYERS, C. S. Contributions to the study of shell shock. *Lancet* (Lond.), 1916, 2, 461.
22. MYERS, C. S. Shell shock. Three cases of loss of memory, vision, smell and taste. *Lancet* (Lond.), 1915, 1, 316-320.

23. MYERS, C. S. Shell shock. An account of certain cases treated by hypnosis. *Lancet* (Lond.), 1916, 1, 65-69 (also in *J. Roy. Army Med. Corps*, 1916, 26, 642-655).
24. MYERS, C. S. Shell shock. Certain disorders of cutaneous sensibility. *Lancet* (Lond.), 1916, 1, 608; (also in *J. Roy. Army Med. Corps*, 1916, 26, 782-797).
25. MYERS, C. S. Shell shock. Certain disorders of speech,—their causation and their relation to malingering. *Lancet* (Lond.), 1916, 2, 461-467 (also in *J. Roy. Army Med. Corps*, 1916, 27, 561-582).
26. NONNE, M. Soll man wieder "traumatische Neurose" bei Kriegs-verletzten diagnostizieren? *Med. Klin.*, 1915, 11<sup>3</sup>, 849-854; 948-949.
27. NONNE, M. Hysterie bei Soldaten. *Zschr. f. d. ges. Neurol. u. Psychiat.*, 1914-15, 11, 421-422.
28. NONNE, M. Hypnose bei Kriegshysterie. *Deutsche med. Wchnschr.*, 1915, 41<sup>2</sup>, 1587-1588.
29. RIVERS, W. H. R. A case of claustrophobia. *Lancet* (Lond.), 1917, 2, 237-240.
30. RIVERS, W. H. R. Freud's psychology of the unconscious. (Evidence afforded by the war.) *Lancet* (Lond.), 1917, 1, 912.
31. RIVERS, W. H. R. Repression of war experience. *Lancet* (Lond.), 1918, 1, 173.
32. RIVERS, W. H. R. War Neurosis and Military Training. *Mental Hygiene*, 1918, 2.
33. ROUSSY, G. Un cas de paraplégie hystérique datant de 21 mois avec gros troubles vaso-moteurs thermiques et sécrétoites des extrémités inférieures. *Rev. neurol.*, 1917, 24, 253-256.
34. ROUSSY, G. & BOISSEAU. Sur le pronostic et le traitement des troubles nerveux dits réflexes. *Rev. neurol.* 1917, 24, 516-527.
35. ROUSSY, G., BOISSEAU & D'OELSCHITZ. La station neurologique de Salins (Jena) apres trois mois de fonctionnement (Projections de films cinématographiques). *Bull. et mèm. Soc. méd. d'hôp. de Par.*, 1917, 33, 643-644.
36. ROUSSY, G. & L'HERMITTE, J. *Psychoneuroses de guerre*. Paris: Masson, 1917. (Transl. *The Psychoneuroses of War*. Military Medical Manuals, Univ. of London Press, 1918.)
37. ROWS, R. G. Mental conditions following strain and nervous shock. *Brit. M. J.*, 1916, 1, 441-443.
38. SALMON, T. W. The Care and Treatment of Mental Diseases and War Neuroses ("Shell Shock") in the British Army. *Mental Hygiene*, 1917, 1.
39. SMITH, G. E. & PEAR, T. H. *Shell shock and its lessons*. Manchester: University Press, 1917.
40. SOUTHARD, E. E. *Shell Shock and Other Neuropsychiatric Problems of the War*. Boston; W. M. Leonard, 1919. (In Press.)
41. SOUTHARD, E. E. *Shell Shock and After*. The Shattuck Lecture. Boston *Med. & Surg. J.*, 1918, 179, 73-93.
42. STEINER. Neurologie und Psychiatrie im Kriegslazarett. *Zschr. f. d. ges. Neurol. u. Psychiat.*, 1915, 30, 305-318.
43. TINEL, J. *Les Blessures des Nerfs*. Paris: Masson, 1917. (Also transl. in Engl. *Nerve Wounds*, 1918.)
44. WILTSHIRE, H. The etiology of shell shock. *Lancet* (Lond.), 1916, 1, 1207-1212.
45. YEALLAND, L. R. *Hysterical Disorders of Warfare*. New York: Macmillan, 1918.

## SPECIAL REVIEWS

*War Shock.* M. D. EDER. Philadelphia: Blackistons, 1918.

This book appeared early in 1918 and was the result of a very praiseworthy effort of the author to give to the medical world the results of his observations and experiences with the psychoneurotic under war conditions, written, as he frankly states, "while on service, a condition which prevented any attempt at a critical study of the literature, in the hope that my experience may be useful to others." As the material for his book the author has taken the first one hundred consecutive cases of psychoneurosis which came under his care. He makes no claim to deal exhaustively with the "ultimate concepts of the psychoneuroses." He has had in mind two considerations: "to give so much of the psychology as to make the symptoms intelligible, and to show that soldiers suffering from war shock respond peculiarly well to psychotherapeutic treatment." He divides his cases generally into War Shock and non-War Shock, and then subdivides into conversion hysteria, anxiety hysteria, and psychasthenia. He finds no cases which can be classified as neurasthenia. He defines war shock as a psychoneurosis "produced by stress of external conditions acting on a mind which is but a degree or so more sensitive than the normal person's—a sensitiveness which should have involved no disability in normal life, rather the contrary, it might tend to success in a man's particular vocation."

In the 100 cases, he reports conversion hysteria, 77 cases; anxiety hysteria, 17; and psychasthenia, 6. His experience with this series leads him to believe that hysteria is rare among the wounded as the "psychical energy is sufficiently occupied with something very concrete and real." He makes a plea for the neurotic and feels that the stigma has been partially lifted from these individuals as a result of war experience, calling attention to the fact that "without the neurotic the mind of man would be stationary and that many of them are ethically in advance of their age."

Chapter 2 describes the clinical manifestations of conversion hysteria, citing a number of cases. Chapter 3 considers the psychological mechanisms of these phenomena, and in Chapter 4

some cases of anxiety hysteria are described and explained. Chapter 5 deals with psychasthenia in the same way. The last chapters deal with the general diagnosis and treatment of these disorders.

In the chapter on diagnosis the author describes methods of differentiating the functional from the organic lesions. He emphasizes the fact that no matter how self-evident the case may be no examination of a psychoneurotic is complete until a complete physical examination has been made, and further that the diagnosis must not be allowed to "rest upon negative evidence." "Positive evidence must be obtained by a psychological examination which should discover the mechanism and pathology of the symptoms." Under treatment he states that the "results of psychotherapy in cases of war shock establish its claim to be the chief method of treatment." Of secondary importance are rest and quiet, all sleep possible, and nourishing food. Of tertiary importance are hydrotherapy, electrotherapy, and massage. While he recognizes that "psychoanalysis is the only method for the radical treatment of the psychoneurotic, it is inapplicable and unnecessary for the treatment of war shock." In only six cases was psychoanalysis done and that very incompletely.

The author's method is to make a psychological examination of the individual, and from the information gained in this manner supplemented by information from the patient's dreams, he makes suggestion under hypnosis. He makes no attempts to analyze or explain the dreams to the patient, but simply uses the information gained to make suggestions which have thus come to him from the patient's unconscious. Out of 97 cases actually submitting to treatment 80 were entirely cured, 14 were improved, and 3 were unimproved. No case was under treatment more than four weeks, and the great majority less than two weeks. The author is unfortunately unable to give any information as to the after-results of his treatment, though he does say that many of them returned to duty. He feels quite certain that the somatic hysterical symptoms when once cured did not reappear in some other part of the body. While other methods than hypnosis have been found equally valuable in other hands, he distinctly favors its use as a war-time measure and on what he calls war-shock cases. The book is very readable, giving in an acceptable manner the psychological explanations for the various conditions met.

LOREN B. T. JOHNSON

WASHINGTON, D. C.

*Shell Shock and Its Lessons.* G. E. SMITH & T. H. PEAR. (2d Edit.) Manchester: Univ. Press, 1918. Pp. xi + 135. 3 s. 6 d.

When, as in the case of the present book, a professor of anatomy and a professional psychologist can coöperate on a problem involving mental disease, it is obvious that the importance of matters involving mental processes are being widely appreciated.

In consecutive chapters the authors discuss "The Nature of Shell-Shock," "Treatment," "Psychoanalysis and Reëducation," "Some General Considerations," and "Some Lessons of the War."

The term shell shock is used widely "as a popular but inadequate title for all those mental effects of war experience which are sufficient to incapacitate a man from the performance of his military duties." The accounts of cases differ in no essential respect from those contained in other books and articles dealing with this subject. Firmness and sympathy, isolation from the patient's family and from his usual environment, suggestion either in the waking life or under hypnosis, work, and "psychological analysis" which looks into the individual characters of the cases, are the methods of treatment. "Psychological analysis" is very much the same as "psychoanalysis," although the latter is spoken of as a *method* of psychological analysis. The objection to the use of the term psychoanalysis is that it is intimately bound up with certain theoretical conceptions which the authors want to avoid.

The lessons of the war as applied to psychopathological and psychiatric matters of importance to the state are (1) that the mental side of life must be more carefully evaluated, (2) that the medical profession must be more carefully trained and selected to care for mental cases, (3) that there must be provided better opportunities to care for the milder forms of mental disturbance and that in the care of these cases the general practitioner and psychiatrist must coöperate, and (4) that research must be stimulated in hospitals for the insane.

SHEPHERD IVORY FRANZ

*War Neuroses.* J. T. MACCURDY. (Pref. by W. H. R. Rivers.) Cambridge: Univ. Press, 1918. Pp. xi + 132. 7 s. 6 d.

The general view of MacCurdy's work is well given by Rivers in the preface, that "war neuroses depend essentially on the coming into play of the relatively simple instinct of self-preservation,



while the neuroses of civil life largely hinge upon factors connected with the far more complicated set of instincts associated with sex." The book has chapters devoted to a description of "Typical Cases," "Anxiety States," "Mental Make-Up," "Fatigue," "Concussion," "Treatment of Anxiety States," "Conversion Hysterias," "Heart Neuroses," "General Psychological Considerations," and "Prophylaxis."

The author points out that in any individual the conflict between the individualistic, or the personal, and the social, or herd, instincts depends upon the dominating effect of a present situation which acts as a stimulus to present action. In war, where the situation is one of national preservation the individual has his social instinct stimulated. He "becomes less of an individual and more an integral part of the society to which he owes allegiance," and thus he reverts to a condition in which he can "give vent to his primitive passions." The two factors that stand in the way of this are (a) the habit of the man's mind, and (b) the "degree of emotional unity he may possess . . . making him sensitive to the sufferings of those outside his group," namely, the enemies of his group. Fatigue and privations may, however, undermine his mental (and physical) group adaptations, and the personal element becomes predominant. The instinct of self-preservation comes to the front, and "the bonds uniting him to the common cause are definitely loosened." This leads then to the production of a neurosis or an anxiety state, or if the ground is suitable a conversion hysteria may sprout forth. The treatment for these conditions is "almost purely psychological." Whether or not physical means such as drugs and electricity are to be used, will depend upon the therapist. Their value is entirely dependent upon suggestion. Prophylaxis lies in the selection of those who will make the most satisfactory soldiers for those duties where fatigue, privation and concussion may occur. The careful selection of men and the application of means for reducing discomfort and fatigue will do much to prevent a great mass of the neuroses. But MacCurdy would not have all so-called potential neurotics excluded from active army work. Many are capable of withstanding the hardships and strains of bombardment and of horrible sights, and "there is in military discipline a powerful therapeutic agency" for the improvement of those who have shown psychoneurotic disturbances in the past.

The book is written so as to be easily read by the laity, as well

as by physicians. It should do much to educate the public, both medical and lay, to the importance of the mental element in all diseases.

The lack of an index is the only defect that the reviewer deems important enough to call attention to, in the hope that a subsequent edition may be corrected in that particular.

SHEPHERD IVORY FRANZ

*An Outline of Abnormal Psychology.* J. W. BRIDGES. Columbus, O.: R. G. Adams & Co., 1919. Pp. 127.

This *Outline* presents, as remarked in the foreword, a "fairly complete list of the abnormal mental phenomena" to which is added a similar list of the phenomena as they occur in the psychoses (Kraepelinian classification) and in the psychoneuroses. To each chapter are appended references relating to the topics outlined therein. These references are not always well chosen, and in some cases older editions of books (which the author doubtless had at hand) are referred to with page references when more recent editions are more available for the general reader. For example, the edition of Church and Peterson's *Nervous and Mental Diseases* referred to is that of 1905, whereas later editions with thorough revisions and many additions have subsequently been published and are more likely to fall into the hands of the student.

Some of the topics of the *Outline* are of sufficient interest to psychologists to warrant criticism. The following have been selected to indicate the positiveness or the arbitrariness of the author, as well as some of his errors. He says that allochiria is a "sensation indefinitely localized, or localized contralaterally." The term actually and always means contralateral localization, and for an indefinite or generally wrong localization we have the perfectly good term "dyschiria." Color blindness is said to be "due to inherited *retinal* defect, occasionally acquired." The prefix *a* privitive is used by the author, following some inaccurate clinical writers, to include those defects which are not complete losses but only deficiencies, for which latter the prefix *hypo-* is both correct and distinctive, as well as instructive. Visual imperception is said to be due to "lesion or loss of function (through dissociation) in the *visuo-psychic*, the *secondary visual area* of the occipital lobe," a statement we would like to accept but for which there is no adequate proof. Narcissism and pederasty are not used in the senses described by the author except by some medical writers who use

terms in a very loose manner. Without qualifications the terms paraplegia and diplegia are given certain definitions, which will tend to lead a student to misconceptions because many medical authors use the terms in different ways, and perhaps more correctly. Although apraxia is defined as "the loss of ability to perform a skilled act in the absence of paralysis," motor apraxia is unqualifiedly said to be the condition in which "the patient knows what is to be done, but he cannot do it, although he may wish to." The hemiplegic patient also knows what is to be done but he cannot do it, and in his case also the lesion may be confined to the *motor area of cortex* to which Bridges refers the lesions producing motor aphasia. The author would not have confused matters with respect to praxia and apraxia if he had followed the teachings of Liepmann and von Monakow.

A more careful selection of definitions and authorities and the omission of the last 57 pages devoted to the catalogue of symptoms in the psychoses, would have made the book better. What is more needed than an outline is a running text dealing with the matters which constitute the present *Outline*, because the student has facilities for getting definitions from numerous medical dictionaries. The *Outline* as presented in the present work has usefulness for only two classes, the one who has had considerable first hand acquaintance with the abnormal, but who has not paid attention to much beyond the grouping of symptoms pertaining to the psychoses, the second is a class of students who are following lectures based upon the *Outline*.

SHEPHERD IVORY FRANZ

*Les médications psychologiques. Etudes historiques, psychologiques et cliniques sur les méthodes de la psychothérapie. 1. L'action morale, utilisation de l'automatisme.* PIERRE JANET. Paris: Alcan, 1919. Pp. 346.

This volume is the first of three which will give Professor Janet's mature views on the important subject of psychotherapy in its different forms. The second of the series will deal with the psychological principles underlying psychotherapy, and the third volume will bring together a number of clinical studies bearing upon the matters dealt with in the first two volumes. Professor Janet's long experience and interest in psychotherapy has fitted him well to undertake this review of psychotherapeutic methods and results. Until the appearance of the completed work a critical review

would be premature, and at this time only a brief summary will be presented here.

The eight chapters deal respectively with Miraculous Cures; Philosophical Treatment; Mental Medicine; History of Suggestion and of Hypnotism; Definition of Suggestion; Problems of Hypnotism; and Appeal to Automatism.

"It has often been the fashion to laugh at miracles and to deny their existence," says Janet, but he affirms that "our existence depends solely upon miracles, and every science has begun by the study of miracles." Let it not be understood, however, that Janet means by a miracle what others may not mean. "There are facts that we cannot predict with precision, and moreover that we cannot produce with certainty by originating a definite antecedent. Such facts, when they are absolutely indifferent for us are called 'chance,' when they are harmful they become 'fate,' and when they are favorable they are called 'miracles.'" In miracles, however, man usually plays a part, "as magician or as priest, by ceremonies or by consecrated rites, or by efforts on the part of him who will benefit by the miracle." The miracles at the temple of Asclepeion at Epidaurus, the miracles of the early (and present) Christian church which were helped by the presence of pieces of the true cross or of bones of saints, the laying on of hands by rulers to cure the king's evil, the occultism of Japan are all one in kind. Talismen, sympathetic powders, red coral, and animal magnetism have their miraculous cures. In this group Janet also includes osteopathy as a method of treatment by so-called anatomical readjustment. The value of the miraculous treatments cannot be gainsaid. Miracles have cured hundreds, maybe thousands, but it is almost needless to state only because they acted mentally by suggestion or producing in the minds of the afflicted a proper mental attitude towards their ailments, real or supposed.

The main philosophical method that Janet considers is that of Mrs. Eddy, as exemplified by Christian Science in *Science and Health*. It is a negative treatment. It denies the real existence of pain and even of disease which are considered to be errors. The mind of the individual alone is to be dealt with, his ideas are to be controlled.

Allied to the philosophical method of Christain Science is the method advocated and followed by Dubois and others of his school. It differs from Christain Science in several particulars, mainly in that it makes a selection of patients (those that are called mental

cases) and they are dealt with by suggestion and by reason (persuasion), although Janet affirms that it lacks the scientific attitude in that it is not concerned much with diagnosis or the study of the symptoms with which it is supposed to deal. Here also belongs the Emmanuel Movement, which had its vogue fifteen years ago. Janet calls attention to the absurdities of Dubois and others in limiting their therapy to those who have no organic lesion and who are not insane, and he rightly points out that both of these negative limitations have no value as differential expressions. It is a "result of the ancient superstition which looks at a neuropath as a man in error."

In the second part of his book Janet deals with suggestion and hypnotism. In addition to a brief historical sketch he discusses the fundamental conceptions underlying its method. Suggestion here is a method more advanced, by its restricted use and by its utilization of psychological laws. "It has been the first precise psychological therapy," which prepared the way for all the subsequent, better systematized and psychologically better founded methods that will be dealt with in the second volume.

This work should be found in every psychological laboratory, and made available to all students of psychology.

SHEPHERD IVORY FRANZ

*The Child's Unconscious Mind. The Relations of Psychoanalysis to Education.* WILFRID LAY. New York: Dodd, Mead, 1919. Pp. 325. \$2.00.

The book is a somewhat mixed-up exposition of the discoveries of psychoanalysis and the author's ideas of how they should be applied to education, and is directed almost entirely to teachers, though there are occasional hints for parents.

Exclusive of the introduction, conclusion, and index there are seven chapters: The Unconscious Factor; Interplay of Conscious and Unconscious; The Partial Trends; The Mechanisms; The Aim of Education; Resistance and Transference; and Emotion.

After explaining the ever-present influence of the unconscious he makes a plea for courage to look into it and learn what we and other people really are. The preëminent purpose of academic education is "to enable each individual to take at will into consciousness as many and diverse thoughts as possible which the uneducated person is unable to face. For this aim, expressed in other words, is to enable the individual to face as much reality as possible."



Neurotic children should not be mercilessly squelched. Neurotics are the malcontents that stir up the sluggish norms to progress. Without them society would crystallize. "As the aim of education is the adaptation of the individual to the social environment, this includes also the possibility that the environment may be a changing one and not fixed. To bark at everything strange is the province of a dog, but not that of the thoughtful human."

The school has to transform the child's physical energy into mental energy, and sublimate it to forms which are valuable to society.

In accordance with Adler's theory of compensation for feelings of inferiority the author believes that the child's natural bent is towards his inferior faculty, "and if education is to do the best for the individual, it should help him develop his weak point, feeling assured that what he takes least interest in he has least to fear from." Every attempt should be made to put the school in touch with reality. In the future, in place of tiresome recitations of large classes there will be "a continual conference in private between the teacher and the pupils one at a time. The curriculum could be increased *ad infinitum*, and the pupil will go from the teacher's study to laboratory, library, gymnasium, or workshops and work with complete devotion, as soon as he understands the vitality of social relations." School work will be done at school, not amid home interruptions. But there can be meetings for readings and conversation in English and foreign languages. Instead of the present piecemeal schedule of studies, a subject will be studied intensively until a point is reached where a solid satisfaction is felt over a good-sized job done completely. This may take a whole day or several days. A present year's work in Latin could be finished in ten weeks. Then the examination could be taken, and the student begin another subject. Subjects easy for the student could be finished first, leaving the harder ones till greater maturity.

The author's very thorough explanation of the influence of the unconscious on a pupil's behavior and how the teacher by a knowledge of its phenomena can better understand and help him, should prove very useful. He also gives a concrete example of a successful recitation experiment in Latin, a combination of spell-down and self-government. The reviewer can heartily endorse this method, for he used it himself, though in simpler form, in a subject even less interesting than Latin, namely: Sunday-School lessons, and the bad boy class that had worsted several teachers became as lambs,

the energy going into rivalry, which had formerly used the outlets of noise and mischief.

On page 214 there is a wild leap of imagination into "some distantly future day" of true democracy, when children will be taken by the state and shunted from place to place, job to job, and family to family, government inspectors meanwhile keeping the exchange homes up to a standard of efficiency and morale, and everything will be regulated for the production of the most useful citizens. (This happy land should certainly be called New Prussia.) There will be no spiritual hermits of the repressed variety. Everybody's mind will be open to everybody else's inspection. Repression of the kind which drives unpleasant or painful ideas back into the unconscious will not exist. Anybody may say or attempt to do anything to anybody, etc. (On second thought a better name than New Prussia would be *Unrepressia*. Probably most people will hope that this day will be very distantly future.)

The book is rather disjointed, and needs considerable boiling down (for instance, the author diagrams the interplay of conscious and unconscious thought and action with all the relentlessness of a Latin conjugation till the reader is fairly dizzy); still, for those ignorant of psychoanalysis, there is so much valuable material in it that teachers and parents will do well to read it.

DUDLEY WARD FAY

WASHINGTON, D. C.

*Echo Personalities. A Short Study of the Contributions of Abnormal Psychology towards the Problems of Normal Education.* FRANK WATTS. New York: Macmillan, 1919. Pp. 111. \$1.00.

The book consists of five chapters: The Scope of Abnormal Psychology; The Crowd at School: Its Control and Education; Psychopathology and the Development of Personality; The Psychology of the Defective Mind: Its Influence upon Teaching Methods; and The Supernormal.

In the first chapter the author explains how the modern study of abnormal psychology has changed our conceptions of normal psychology, since we have realized that the abnormal is only a more marked development of the normal. Normal or experimental psychology has been forced to become less static and more dynamic, to turn from the study of sensations to that of emotions and impulses, while abnormal psychology has invaded the normal field, so that the two are now overlapping.

In the chapter on the crowd at school he outlines crowd psychology with its impulsiveness, credulity, and excessive suggestibility and shows how the teacher, instead of fighting these tendencies, can utilize them to develop interest in school work. By a knowledge of group psychology the teacher can lead his pupils through their suggestibility, sympathy and imitation up to the time when they begin to reflect and deliberate for themselves. He should preferably be a crowd leader and govern them through prestige, but if he cannot himself lead he can at least pick out the leaders among the students and tactfully imbue them with his own ideas and wishes. The author does not merely theorize, but gives practical hints on how to attain these results.

The chapter on psychopathology and the personality seems the most valuable. Here he explains the modern concepts of the conscious and unconscious minds, the phenomena of association and dissociation, repression and sublimation, and points out the necessity of developing the child's native interests and not repressing them into dissociation. Not to stifle curiosity and thus stunt the growing mind, but lead it into the secrets and wonders of nature, not to oppose pugnacity but lead it into achievement, not to break up the hoarding habit but guide it into such avenues as stamp collecting with the resultant real interest in geography and history or collecting plants and flowers with its stimulus towards nature study, not to repress self-display and exhibitionism but utilize it in the dramatic methods of teaching literature and history; in short, to guide the child's strong impulses into proper, valuable channels, not merely "sit" on them when they express themselves in undesirable ways. The teacher had better leave off cramming ill-nourished minds with undigested facts and turn to strengthening ideal tendencies, building up stable, sane personalities through sublimation. "What is important in the theories of Freud and Jung is the fact that the child, in some very definite way becomes a double-minded creature in early life with strongly formed inhibitions." In this conflict between good and bad impulses the desire for self-control should be made the master complex, and the child taught to frankly criticize his own wishes and be able to detect his rationalizations. Such ability for honest self-criticism is worth more than the facts in a thousand textbooks.

In the chapter on the defective mind he sketches the history of the attempts to educate defective children, citing among others Binet and his followers, Seguin, and Montessori. He criticizes the

latter for attending to the development of the sense activity only and neglecting the humanities. A balance of sense and intelligence is needed; with too much sense perception we are like the deaf, quick to see but slow to think, with too little we are like the blind, incapable of quickly grasping the significance of a situation. The lessons learned in teaching defectives have been applied to the training of normal children, but only recently has the supernormal child been given special consideration. Hitherto he has been held back to the pace of the average, lazying along with easy triumphs, complacently losing initiative, or else growing disheartened at being fettered. (An impassioned appeal for the supernormal child is made by Boris Sidis in his short *Philistine and Genius*.) The author also promises a book on the subject if this volume meets with approval.

It certainly should get a warm reception for he boils down into small space the essential facts of modern dynamic psychological research and gives practical hints on how to apply them to education. No progressive educator should be without this little book.

DUDLEY WARD FAY

WASHINGTON, D. C.

*Psychiatrie de Guerre.* A. POROT and A. HESNARD. Paris: Alcan, 1919. Pp.

This book of Drs. Porot and Hesnard gives a methodical and complete presentation of the special clinical pictures observed during the war. The strong emotions continuously brought into action without any periods of relaxation, the dangers presented under new and terrible forms, and the uncertainty of the outcome, kept the nervous force of a vast army of men from all stations of life strained to utmost tension, with the result that there was an astonishing number of nervous breakdowns. Nevertheless it can not be said that any really new type of psychosis, any specific mental syndrome, was brought to light, the mental diseases generally observed being of the types that have always been found to follow great cataclysms. The authors of this book have carefully studied the etiology of these psycho-neurotic disturbances, giving due weight to the various factors involved, constitutional or acquired morbid predispositions, and also to the extraordinary moral and physical conditions which existed at the front or behind the lines. An interesting study was made of the different types and the forms of reaction peculiar to the various races who took part on

the French side especially in regard to their susceptibility to traumatic psychoses. The clinical chapter is devoted to the syndromes of the psychopathic states resulting from war. The clinical descriptions of the various types encountered bring out clearly all the symptoms, manifestations and colorings emphasized by the peculiar circumstances by which they were influenced. The description of the symptoms of mental confusion and oniric states is especially interesting. Mental confusion, it is said, makes its appearance in a transitory form and in a slight degree in a very large number of combatants taking part in modern battles, especially after bombardments; and in a large number of men having a nervous diathesis, these exciting causes develop the rudiments of a syndrome—somnolence, difficulty of comprehension, disturbances of memory and of orientation, tendencies to automatic actions, nightmares, etc. Sometimes following an emotional traumatism such as the bursting of a shell at close quarters, the disturbance begins with a premonitory state of slight anxiety which may not make its appearance until several hours or even days after the shock. Prolonged states of confusion and oniric conditions follow. When there is oniric delirium, it develops parallel with the mental confusion, the condition from which it arises. The delirium may, however, be intense while the confusional element is only slightly pronounced. The recovery takes place either suddenly, or after a period of uncertainty during which the patient wavers between his delirious dream and reality. He may retain, when he is restored to lucidity, a series of false ideas or delusions which developed during his oniric condition. The final chapter of the book is devoted to therapeutic psychiatry in war. According to these authors it must be intense and applied immediately. It is really an *emergency psychiatry* whose purpose is to modify the acute psychic disturbances. Isolation in bed; milk diet or special regime against auto-intoxication, dyspepsia, asthenia, etc.; purgatives; serotherapy; galvanotherapy; hydrotherapy; etc., should be resorted to and the administration of the department to which the physician belongs should place all these restorative means at his disposal. Every doctor entrusted with the care of psychoneurotic cases should be acquainted with the tendency to tuberculosis, general cachexia, sudden exhaustion, etc. Between the patient and the physician there is a constant battle in which the physician makes use of gestures, persuasions, etc., to encourage and help the patient, and takes advantage of the patient's suggestibility to gain over him



a moral ascendancy, which the physician uses for the affective reëducation of the patient. In conclusion these authors speak of the possibility of showing the superiority of the energetic therapeutic methods they advocate over the traditional methods, and express the hope that the result of their application may be the recovery of a larger number of "psychopaths."

MARY O'MALLEY

ST. ELIZABETH'S HOSPITAL,  
WASHINGTON, D. C.

*Troubles Mentaux et Troubles Nerveux de Guerre.* GEORGES DUMAS.  
Paris. Alcan, 1919. Pp. 227.

In this contribution to the subject of the new phases of neuro-psychiatry brought into relief by the recent war, Dr. Dumas has endeavored to collect in a single book his personal observations covering a period of three years, to compare them not only with the experiences of his confrères but also, at times, with the facts observed by German physicians; and to draw from them the conclusions which seem most logical. He treats some of the neuro-psychic disorders with brevity, but describes confusional and hysterical conditions at length, stating that it was to these phases that he had particularly directed his attention and that if a synthesis of the various studies made under different war conditions is to be made and the various facts and conclusions are to be correlated, each one who was in a position to make observations should give greatest prominence to the phases which fell under his own observation. In the light of his experiences Dr. Dumas has analyzed into their fundamental conditions and illustrated by numerous examples the various nervous and mental disorders that arise from perturbations of the sort encountered in military experiences. He comes to the conclusion that the essential pathology of the war may be summed up under six heads: (1) Wounds produced directly or indirectly by projectiles; (2) internal wounds, precise lesions, produced in the nervous system or the organs of sense by the force of the explosion, by the compression or decompression of air or by explosive waves, evidencing themselves in sensory and motor disorders; (3) toxic troubles, illy defined, evidencing themselves in mental confusion and amnesia; (4) emotional troubles evidencing themselves psychically by anguish and emotion, and physically by shaking and tremors, etc.; (5) pithiatic troubles, evidencing themselves in various disturbances of voluntary movement or of sensibility; (6) simulated troubles.

Passing over the first class as lying outside the province of neuro-psychiatry he states that new experiences with internal lesions, hemorrhages, cellular perturbations, etc., have enabled us to give an explanation of certain disturbances which formerly psychiatrists were wont to attribute too hastily to hysteria. His observations convinced him that lesions of this sort, when they are only slight, may be complicated with pithiatic disorders which cause the patients to magnify their symptoms, extend them, or even, if they were of transient nature, continue them so that they survive in a pithiatic form.

Dr. Dumas explains pithiatic disturbances as those of suggestive and especially of autosuggestive origin, manifesting themselves in disorders of the motor and sensory spheres; autosuggestion, he says, appropriates for its material real troubles which were once actually present, though perhaps only slightly accentuated; it emphasizes them and gives them permanency. Complications of this sort may arise in all the disturbances due to war influences. Of toxic conditions our knowledge is limited, as they really fall within the province of biologic chemistry, but we are justified in believing that toxic conditions give rise to confusion. Now, mental confusion and its accompanying docility is just the symptom nearly always present in the pithiatism exhibited by those suffering from shock, so that we are led to the conclusion that toxic disorders may also be continued in a pithiatic form. Emotional troubles, too, when their real emotional phase disappears, may be continued in pithiatic form. Simulated disorders, though they are sometimes invented without any foundation at all, occur most frequently as sequelæ of the various pithiatic or organic disturbances, which the patient is able to imitate at will.

While it is often difficult to say with precision at what moment a trouble ceases to be real and becomes pithiatic, or when it becomes simulated, or just how much of the disturbance is due in a given case to simulation, or to auto-suggestion, and how much to real organic lesions, there seems justification for arranging these disturbances in the order of their appearance: emotion and perturbation (with their organic and mental consequences); confusion (with its intellectual and affective characteristics); autosuggestion; prolongation, simulation. The author remarks that a very small number of those suffering from shock have passed through all the stages, and that the number of simulators has been relatively very small.

Because of his painstaking observations the conclusions drawn by Dr. Dumas are of exceptional value and he arranges his facts very convincingly to support his theory that nervous intoxication, which results from initial emotions and perturbances, gives rise to confusional troubles, preparing the way for the pithiatic disturbances that succeed and survive it.

MARY O'MALLEY

ST. ELIZABETH'S HOSPITAL,  
WASHINGTON, D. C.

*L'Expertise Mentale Militaire.* A. POROT and A. HESNARD. Paris: Mason, 1919.

Deploing the lack of consistent uniformity and definiteness in the interpretation of mental examination tests, these authors have given us an extensive resume of their work during four years of the war, in both military and civil environments. The material was gathered chiefly among the French troops and detention camps of North Africa where may be found not only the elemental and abnormal indigenes of that country, but a host of misfits, outcasts and delinquents of Occidental lands, with the offscourings of the Orient who sought to enter service there or were detained by the law. These formed a rich penal clinic with a wealth of diverse mental phenomena. The treatise commends itself to all on account of the practical conception and application of methods used in determining the origin and solution of mental problems somewhat complicated or difficult of analysis. A loose classification divides the material into four sections. The first describes the methods used to determine an applicant's aptitude for service, and studies the military worth of defectives, psychoasthenics, etc., laying especial stress on the significance of hereditary influence and anomalies of character and intelligence. Under "Mental Disorders directly imputed to War" the authors deal with the factors of predisposition and circumstances in relation to retirement and rate of compensation. In chapter 3 they discuss the responsibility or culpability of delinquents; this should be of much value to judges of courts-martial. It is the following chapter, however, on Mental Simulation that is of especial interest to psychiatrists, as heretofore too little attention has been paid to the psychotic elements involved in what appeared to be flagrant cases of malingering, in which the symptoms assumed were usually credited with conscious and malicious simulation in order to gain selfish or particular ends. The

authors found few of the simulators normal, the majority showed either a defective state or a real psychical disturbance which rendered them irresponsible for their acts, and what appeared to be symptoms assumed for utilitarian motives proved to be, in the majority of cases, phenomena that were either the incipients or residuals of fleeting psychopathic states, exaggerated perhaps by the coefficients of suggestibility or education (tricks taught them by others). In a detailed account of how mental simulation is manifested and recognized, and the method of conducting an examination, the psychiatrist is warned of the necessity of inquiring very carefully into the relation of the possible utilitarian motive exhibited and the circumstances of environment, in order to determine the mental state of an individual who would make such an inadequate and inefficient attempt at escape from social obligations. It is held that the medical rôle of a physician-psychiatrist has not ended with the detection and interpretation of simulated symptoms, that he must further consider the matter of reconstruction and of social adjustment. The authors omit all nosological and pedantic discussion, but the wealth of material makes the book of great documentary value and the whole problem of mental examinations is set forth in such clear and concise manner as to place within the grasp of all a subject with which physicians in general are too little familiar and have considered as yet too specialized.

MILDRED E. SCHEETZ

ST. ELIZABETH'S HOSPITAL

*Neuroses et Psychoses de Guerre chez les Austro-Allemands.* G. DUMAS & H. AIMÉ. Paris: Alcan, 1918. Pp. 242.

In this production Drs. Dumas and Aime have attempted the rather difficult task of reviewing an extensive summary by Dr. A. Birnbaum of Berlin, covering all phases of normal and pathological psychology as reported by over three hundred Austro-German physicians and psychiatrists. The German authors wrote with especial reference to mental disorders directly provoked by war or those brought about by its novel conditions and unusual situations. They observed a diminution of cases during the exhilaration of mobilization, not only among troops on the march, but also in prisons and sanitariums due, they believed, to the spirit of the times and the distraction of physical needs. They discuss at length the origin and syndromes of neurasthenia and neuro-psychic exhaustion states, and the relation of shell shock to the

neuroses of fear, traumatic neuroses and hysterical states, advancing theories very complicated and intricate.

A few authors attempt a logical explanation of an organic basis for psychic manifestations, but the majority favor the psychogenic theory. They considered the symptoms manifested due to a reactional state resulting not so much from the nature and force of the psychic traumatism but from the specific pathological constitution and character of the individual that suffered the trauma, the pathological emotional state being in the greater part only an augmentation of normal manifestations of fear and anguish and their effects on the vegetative and vasomotor systems.

The classification of these psychic pathological states is very vague and unsatisfactory and the French writers express themselves as astonished at the omission of any mention of *Verwirtheit* (confusion), which was noted so frequently in France, associated with the emotions and commotions of battle. They feel that the omission was not due to the fact that the Germans suffered less than the French in that way, but that Birhbaum consistently refused to distinguish it from hysteria, which has been so largely studied by the French.

Otherwise the facts afforded by the German neurologists resemble in all points those observed by the French neurologists. The latter believe that war produced many more neuro-psychic disturbances than were cited by the Germans, and they rather sarcastically remark that they believe the confused and illogical classification of the Germans was due to the fact that they had difficulty in properly interpreting their observations on account of their inability to gain access to French ideas and publications during the war.

MILDRED E. SCHEETZ

*Les Maladies de l'Esprit et les Asthenies.* A. DESCHAMPS. Paris: Alcan, 1919.

In this book the author presents a detailed study of the disturbances of mental function occurring in the asthenias. He substitutes the term asthenia for neurasthenia and includes in it psychasthenic states as well. The essential disturbance in asthenia lies in the function of the production or distribution of energy, whether or not associated with actual disease of the nervous system. The origin of this energy is one of the fundamental problems in pathology and physiology and the nervous system merely transmits



it. The term "nervous energy" then does not correspond to any reality and the terms "vital energy" or "biological energy" are used in this book to designate the mid-stages in the transformation of energy which begins as chemical activity in the body cells and ends in heat and movement. When the chemical energy is defective the kinetic energy is insufficient and we have a condition of asthenia. It is granted that asthenia of purely psychic origin may occur but the question is raised as to whether in such cases there may not be minute physical changes that we have been unable to detect. The indivisibility of mind and body is insisted upon and psychophysical parallelism is disposed of as an anthropomorphic error. Speculations as to the ultimate nature of physical and psychic energy are of no scientific value, being metaphysical, but the relationships between different forms of energy are legitimate objects for scientific study.

The asthenias are divided into two main groups; (1) the symptomatic (following exhaustion, infections, secretory disturbances, organic illness); and (2) the idiopathic (resulting from a constitutional insufficiency, an inherent incapacity for as great a production and distribution of energy as is found in the average individual). They may be acute, chronic or intermittent.

Following two introductory chapters comes the first main division of the book, a presentation of the psychopathology of asthenia. Mental activity must be studied through the adaptation of the individual to his environment. It has no spontaneous existence but consists of the incessant experiences which occur during this process of adaptation, and can be divided into two groups: (1) internal experiences (intelligence, sensibility, will), psychological activity; and (2) external experiences or logical activity (the art of applying psychic states to social life). The disturbances of internal experiences are traced back to a fundamental defect, a diminution of the power to *construct* thoughts (or any forms of psychological activity) in complete adaptation to reality. This condition is contrasted with hysteria where the defect consists in a diminution of the power to *receive* conscious impressions from stimuli. The asthenic receives impressions but fails to construct relationships between the objects and himself. The result is a diminution of the power of constructive or creative consciousness with an increase of subconscious activity, a regression to a lower form of activity, for the subconscious is conceived of as forming the transition between biological and psychological phe-

nomena. All psychological activity is laborious, an insufficiency marks all intellectual, affective, psycho-motor and voluntary activity. This psychic insufficiency rests upon a more fundamental psycho-physical insufficiency which in turn is dependent upon inherited or acquired physical or organic inferiorities. The result is a diminution of the energy (psycho-physical tension) which is necessary for the functioning of the cerebral organs. The assumed fundamental physical defects have not been demonstrated anatomically and the author suggests that they may be of physiological or physico-chemical origin, a functional insufficiency.

Different forms of intellectual, affective and psycho-motor activity are discussed in detail with reference to cases showing abnormal function and then the disturbances of external experiences are presented, the paralogisms and reactions of inadaptation. The latter may be diffuse or well systematized with the production of obsessions, phobias, tics, etc. The same fundamental defect is found in external experiences, a diminution of the constructive power due to the primary insufficiency.

The second part of the book is devoted to an interpretation of the phenomena observed in the asthenias and to grouping and classifying experimental groups of syndromes in such a way as to show the unity of the psychic pathology and psychic function underlying the great complexity of the phenomena. The attempt is made to show the relationships rather than to attempt to explain the phenomena.

In classifying psycho-pathological states the term *dyspsychisms* is used to include all disturbances of psychic function. These can be accidental and symptomatic or permanent and idiopathic. For the latter he proposes the term *psychic miopragy*.

The third part of the book deals with therapy and some general conclusions. The importance of treating the physical conditions is emphasized first and then psychotherapeutic methods and tactics are discussed in relation to each form of dyspsychism. The object of all psychotherapy is *conversion*, the substitution of true ideas for false ones, a new belief. The importance of conversion and faith have long been realized by theologians but more or less neglected by psychologists. Belief is given a very prominent place among psychological phenomena. To it is attributed the force that mobilizes mind and body. For the author it takes the place given to the wish in the Freudian psychology and he does not discuss the influence of the wish in modifying the belief. Psychoanalysis is

grouped with suggestion, persuasion, reëducation, etc., as one of the partial methods which really have for an end conversion. The author does not find that the study of dreams gives any special information concerning dissociated subconscious mental activity (called automatisms by him and complexes in the Freudian terminology).

The importance of avoiding any definite system of treatment and the necessity for careful study of each individual is emphasized frequently, any method being valuable which will help the individual to adapt himself to reality and to know his own powers and weaknesses so that he may avoid situations which put too great a tax upon "the defective instrument which nature has given him."

HELEN D. CLARKE KEMPF

*Rational Sex Ethics: Further Investigations.* W. F. ROBIE. Boston: Badger, 1919. Pp. 330.

*Sane Sex Life and Sane Sex Living.* H. W. LONG. Boston: Badger, 1919. Pp. 157.

These two works contain advice on sexual conduct. Both are frank, in some parts they are more blunt than appears necessary. To the sexual anchorite parts of both books may appear disgusting, some may find nothing not already known to them, but ordinary men and women will discover facts applicable to their own sexual lives that many years of married (or other sex) experience may not teach them. Ignorance and prudishness need not be replaced by licentiousness, either mental or physical, and by obscenity, but they should be replaced by knowledge. The sex desires condition to such a great extent all, or most, of our actions, and sex relations are so important in art and literature and in religion that they cannot be disregarded by anyone pretending to have an interest in things as they are.

Dr. Robie is an adherent of some of the Freudian doctrines, but not to those that he considers extreme. He uses a modified form of psychoanalysis to discover hidden "complexes," and uses dream analysis for the same purpose. He recommends autoerotic gratification for certain people under certain conditions, and would have the sexual life of the individual regulated so as to bring about in him the maximum of pleasure or happiness.

Dr. Long's book was first written for and in manuscript form was placed in the hands of those who sought his professional advice. After many readings it was prepared for publication, but in its

publication neither author nor publisher corrected proof in a proper manner for it is replete with errors in spelling and punctuation. The price of the work (\$5.00) as compared with its size (157 pages) and ordinary binding would lead to the guess that the author is receiving from the publisher the equivalent of an office fee for each book that is sold. This method is commended to the consideration of all those psychologists who write books on applied psychology.

Long makes many assertions without explanations, and gives his opinions as if they were matters of fact. Perhaps at the present time when there is so much prejudice and misinformation about sexual functions, accuracy may have to be sacrificed in favor of positiveness, but since the book is dedicated to the medical profession and to those who may read it under the direction of physicians it would have been better to be less positive about certain little understood phenomena.

SHEPHERD IVORY FRANZ

## NOTES AND NEWS

THE present number of the *BULLETIN*, dealing with psychopathology, was prepared under the editorial direction of Dr. E. E. Southard, of the Harvard Medical School.

THE May number of the *BULLETIN*, dealing with comparative psychology, was prepared under the editorial direction of Professor W. S. Hunter, of the University of Kansas.

THE March number of the *BULLETIN*, dealing with social and religious psychology, was prepared under the editorial direction of Professor J. H. Leuba, of Bryn Mawr College.

ANNOUNCEMENT has been made of the marriage of Dr. Josephine S. Curtis, of the Boston Psychopathic Hospital, and Dr. W. S. Foster, at present Major, Sanitary Corps, U. S. A.

THE following items have been taken from the Press:

DR. J. V. BREITWEISER, professor of psychology and education at Colorado College, has been appointed associate professor of education in the University of California.

THE University of Minnesota has announced that five teaching fellowships will be awarded in the department of psychology. The conditions under which awards are to be made may be obtained from the chairman of the department.

PROFESSOR R. H. WHEELER, of the University of Oregon, has returned to take up his work at the University.

DR. F. L. WELLS, of the McLean Hospital, has been released from the Army and has returned to his position at that institution.

DR. PAUL CARUS, editor of the *Open Court* and the *Monist*, died on February 11, aged 68 years.

DR. JAMES DREVER has been appointed Coombe lecturer in psychology at the University of Edinburgh.

PROFESSOR J. R. ANGELL, of the University of Chicago, has been appointed chairman of the National Research Council, and will have duties for the year at the Council headquarters, Washington, D. C.



